

#### TOWN OF DALTON FISCAL YEAR 21 SENIOR TAX WORK OFF PROGRAM APPLICATION PART 1

AME		D	OOB:
LAST	FIRST	MIDDLE INITIAL	.00
HONE:	W	E-MAIL:	
Diago chock all ovno	riones/skills sither t	brough past jobs or other valuntes	or ovporion see that
·		hrough past jobs or other voluntee	er experiences that
•	ling to apply to a Tow	. 61	
		Computer skills Customer Service Experience	
		File Management	
		Bookkeeping Light Maintenance	
		Other	
	professional referen	ces: (note: relatives may not be lis	
Please provide three	professional referen		
Please provide three 1. First & Last name	professional referen	ces: (note: relatives may not be lis	ted)
Please provide three 1. First & Last name	professional referen	ces: (note: relatives may not be lis	ted)
Please provide three  1. First & Last name  2. First & Last name	professional reference	ces: (note: relatives may not be lis	ted) Affiliation
Please provide three  1.  First & Last name  2.  First & Last name	professional reference	ces: (note: relatives may not be lis	ted) Affiliation
Please provide three  1. First & Last name  2. First & Last name  3. First & Last name  Do you have any phy	professional reference Phore Phore Phore Phore Phore Phore Phore Psical limitations that	ces: (note: relatives may not be list ne Number ne Number	Affiliation  Affiliation  Affiliation
Please provide three  1. First & Last name  2. First & Last name  3. First & Last name  Do you have any phy position?  Please read the follow	Phoresional reference Phoresical limitations that	ces: (note: relatives may not be listed to be considered in placing y gree, sign below and enter the date:	Affiliation  Affiliation  Affiliation  ou in a volunteer
Please provide three  1	Phore Phore Phore Phore Pisical limitations that  ing statement. If you age thours worked from January terstand that I will receive	ces: (note: relatives may not be listed to be considered in placing y	Affiliation  Affiliation  Affiliation  ou in a volunteer  will be eligible for the a Town of Dalton



# TOWN OF DALTON FISCAL YEAR 21 SENIOR TAX WORK OFF PROGRAM APPLICATION PART II

### CONFIDENTAL FINANCIAL DATE SHEET

Date of Application: _				
	<del></del>			
NAME	FIRST		DOB:	
LEGAL ADDRESS	FIRST	MIDDLE INITIAL		
PHONE:		E-MAIL:		
GROSS RECEIPTS FROM	M ALL SOURCES OF PRECEDIF	NG CALENDAR YEAR: Comp	olete this section.	
			Applicant & Spouse	Co-owner(s) & Spouse(s)
Retirement Benefits (Sc	ocial Security, Railroad, Federal,	, MA & Political		
Subdivisions)				
Other pensions and Re	tirement Allowances			
Wages, Salaries and otl	her Compensations			
Net Profits From Busing	ess, Profession or Property Ren	tal		
	, ,			
Other Receipts (Capital	Gains, Public Assistance, Etc.)			1
		Totals		
VALUE OF ALL PROPER	RTY OWNED ON JULY 1 THIS	YEAR. Complete this section	on.	
Real Estate:	Assessed Valuation	Mortgage		Value
Domicile				
Other				
Personal Estate				
Bank Accounts	s: Name & Address of Bank			
•				
•			-	



## TOWN OF DALTON FISCAL YEAR 21 SENIOR TAX WORK OFF PROGRAM APPLICATION PART II

### CONFIDENTAL FINANCIAL DATE SHEET CONTINUED

Personal Esta	ate continued:	
Stocks, Bond	ls, Securities, etc.: Description & Amount	
-		
Motor Vehic	les & Trailers: & Year, Make and Model	
:=		
Other Non-e	xempt Personal Property: Kind & Description	-
2 <del></del>		* :
ianina this	form I certify that the information above is accurate to the best	of my
vledge. I	understand that if I qualify for this program on the basis of this a	pplication, I will
	send documentation of the above statements to the Board of Assignment.	ssessor's Office
ther undei	rstand that submission of this information does not guarantee ar	n assignment in

Signature:

Incomplete applications will not be considered

Date

Please return completed application to:

Office of the Board of Assessors Senior Tax Work Off Program 462 Main Street Dalton, MA 01226